

OFFICE OF THE GOVERNOR

FEDERAL GRANTS PROGRAM

CAPITOL, 300 SW 10TH AVENUE, STE. 212S, TOPEKA, KS 66612-1590

FAX: (785) 291-3204

FINANCIAL STATUS REPORT

(Due 25 Days After Close of Each Month, or the First Business Day, by 5:00 PM)

SDFSCA**FY 2006**

The information provided on this report will be used to monitor grantee cash flow.

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations.

1. NAME AND ADDRESS OF SUBGRANTEE ORGANIZATION	2. GRANT PROJECT NUMBER	3. VENDOR IDENTIFICATION NUMBER OR FEDERAL EMPLOYER IDENTIFICATION NUMBER	4. FINAL REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO
	5. BASIS OF ACCOUNTING <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	6. PROJECT PERIOD FROM: 10/01/2005 TO: 09/30/2006	7. REPORT PERIOD (MO, DAY, YR) FROM: / / TO: / /

GRANT FUND EXPENDITURES AND OBLIGATIONS BY BUDGET CATEGORY

BUDGET CATEGORY	APPROVED BUDGET	PERIOD EXPENDITURES	TO DATE EXPENDITURES	CARRY-OVER	OBLIGATIONS	FUNDS REMAINING
A. Personnel Expenditures						
B. Fringe Benefit Expenditures						
C. Travel/Training Expenditures						
D. Supplies & Communications Expenditures						
E. Facility Cost Expenditures						
F. Equipment Expenditures						
G. Contractual Services Expenditures						
H. Other Expenditures						
I. Total Expenditures						

CERTIFICATION

CERTIFICATION I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS REPORT IS CORRECT AND COMPLETE AND REPRESENTS ACTUAL EXPENDITURES OF FUNDS FOR THE PERIOD COVERED AND FOR THE GRANT TO DATE.	AUTHORIZED CERTIFYING OFFICIAL (Type or Print)	TELEPHONE NUMBER		
		AREA CODE	NUMBER	EXT.
	FOR OFFICE OF THE GOVERNOR USE			
	SIGNATURE	DATE	APPROVED BY OFFICE OF THE GOVERNOR	DATE APPROVED